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Facsimile Transmittal

DATE: August 19, 2004

TO: USPTO

ATTN: EXAMINER Abul K. Azad

RE: Serial No. 09/690,915

FAX: 703-872-9306

FROM: Kyong H. Macek, Reg. No. 42,977

Number of Pages Sent: (including this transmittal cover sheet)

ATTACHED HERETO IS AN AMENDMENT IN (17) PAGES; A ONE (1) PAGE TRANSMITTAL. PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (703) 872-9306. Attention Office of Amendments, on:

August 19, 2004(Date of Deposit)	
Ann Andrews	
(Name of the Person Making the Deposit)	
1 1 1 1 1 1 1 1 1 1	
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(Signature)	

Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 000426
In Re Application of: Huang
Serial Number: 09/690,915
Filed: October 17, 2000

Examiner: Abul K. Azad Group Art Unit: 2654

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS Claims Claims Claims Large Entity Fee Fee Paid						
Independent** 5 12 x \$86 = \$ Multiple Dependent Claim(s):	CLAIMS	Remaining After	Number Previously Paid	Extra	Large Bntity Fee	Fee Paid
Multiple Dependent Claim(s):	Total*	28	65		x \$18=	\$
EXTENSION FEES Two Months \$420 \$ Two Months \$950 \$ Three Months \$100 \$ Three Months \$	Independent**	5	12		x \$86=	\$
EXTENSION FEES Two Months \$420 Three Months \$950 TERMINAL DISCLAIMER TITHE Months \$950 TERMINAL DISCLAIMER TOTAL FEE TOTAL FEE \$0 Fee check in the amount of \$	Multiple Dependent Claim(s): Yes No		\$290	\$		
TERMINAL DISCLAIMER *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column and is less than 3, enter 0 in column c. *If the number in column and is less than 3, enter 0 in column c. *If the number in column and is less than 20, enter of this sheet is enclosed for fee processing. *If the Commissioner is further hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to 37 CFR 1.16 *If the number in column and/or extension fees. *If the number in column and the same than and or payable, as set forth in 37 CFR 1.16 *If				One Month	\$110	\$.
TERMINAL DISCLAIMER *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the commissioner is hereby authorized to pay for any claim and/or extension fees. *If Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$\			Two Months	\$420	\$	
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column and/or extension feres. **If the number in column and/or extension feres and observe which may be required, or credit any additional fees which may be required, or credit any additional fees which may be required, or credit any additional fees which may be required, or credit any additional fees which may be required, or credit any additional fees which may be required, or credit any additional fees which may be required, or credit any additio			Three Months	\$950	\$	
##If the number in column a is less than 3, enter 0 in column c. 4. Fee check in the amount of \$\frac{1}{2}\$ is enclosed to pay for any claim and/or extension fees. 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$\frac{1}{2}\$. The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: August 19, 2004 Signature: QUALCOMM Incorporated	TERMINAL DISCLAIMER		\$110	\$		
4. Fee check in the amount of \$ is enclosed to pay for any claim and/or extension fees. 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$ The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: August 19, 2004 Signature: QUALCOMM Incorporated Signature: QUALCOMM Incorporated Phone No.858-651-5797 Attn: Patent Department S775 Morehouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 Facsimile: (858) 658-2502 CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: (type or print name) Signature			TOTAL FEE	\$0		
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I hereby certify that this correspondence is, on the date shown below, being: MAILING MAILING FACSIMILE I deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: (type or print name) Signature: Signature: MAILING FACSIMILE I transmitted by facsimile to the Patent and Trademark Office. Depositor's Name: (type or print name)						
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(type or print name) Signature:	with sufficient envelope ad Patents, P.O.	nt postage as first cl dressed to the Cor	lass mail, in an mmissioner for	Tradem	Ann Andrews	
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In Re Application of:

For: METHOD AND APPARATUS FOR

AUG 1 9 2004

F-715

Huang

HIGH PERFORMANCE LOW BIT-

RATE CODING OF UNVOICED

SPEECH

Serial No.:

09/690.915

Group Art Unit: 2654

Filed: October 17, 2000

AMENDMENT

Commissioner for Patents P.O. BOX 1450 Alexandria, VA 22313-1450

Attention:

Examiner Abul K, Azad

Dear Sir:

Applicant through his attorney respectfully requests that the three month shortened statutory period for response to the outstanding Office Action of April 22, 2004, due August 22, 2004.

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